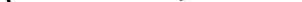


SECRET

PERSONALITY (201) FILE REQUEST

PERSONALITY (201) FILE REQUEST																	
TO RI/ANALYSIS SECTION		DATE 4 Oct. 1956															
FROM RI/C ^U Per EE/G		ROOM NO. 2301-L	TELEPHONE 3127														
INSTRUCTIONS: Form must be typed or printed in block letters.																	
SECTION I: List 201 number, name, and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.																	
SECTION II: List cryptonym or pseudonym if assigned. If true name is sensitive, fill in the 201 number and Section II only. If true name is non-sensitive, both Sections I and II must be completed.																	
SECTION III: To be completed in all cases.																	
SECTION I																	
<input checked="" type="checkbox"/> NAME (Last) <input type="checkbox"/> (First) <input type="checkbox"/> (Middle) <input type="checkbox"/> (Title) KULIKOVSKIS, George Gaston <small>NAME VARIANT</small>																	
<small>NAME</small> <input type="checkbox"/> (Last) <input type="checkbox"/> (First) <input type="checkbox"/> (Middle) <input type="checkbox"/> (Title) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">PHOTO</td> <td style="width: 10%;">A.</td> <td style="width: 10%;">BIRTH DATE</td> <td style="width: 10%;">C. COUNTRY OF BIRTH</td> <td style="width: 10%;">D. CITY OR TOWN OF BIRTH</td> <td style="width: 10%;">E. OTHER IDENTIFICATION</td> <td style="width: 10%;">F.</td> </tr> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td>141222</td> <td>Latvia</td> <td>Vickak</td> <td></td> <td></td> </tr> </table>				PHOTO	A.	BIRTH DATE	C. COUNTRY OF BIRTH	D. CITY OR TOWN OF BIRTH	E. OTHER IDENTIFICATION	F.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	141222	Latvia	Vickak		
PHOTO	A.	BIRTH DATE	C. COUNTRY OF BIRTH	D. CITY OR TOWN OF BIRTH	E. OTHER IDENTIFICATION	F.											
<input type="checkbox"/> YES	<input type="checkbox"/> NO	141222	Latvia	Vickak													
OCCUPATION/POSITION				OCC/POS. CODE													
SECTION II																	
CRYPTONYM OR PSEUDONYM CADRE				<input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NON-SENSITIVE													
SECTION III																	
COUNTRY OF RESIDENCE		10. ACTION DESK	11.	2ND CITY INTEREST	12.	3RD CITY INTEREST											
		EE/G				12A											
COMMENTS:																	
Restricted to EE/G																	
RI COPY																	
<input type="checkbox"/> OPEN FILE <input type="checkbox"/> RESTRICTED FILE <small>YES NO</small>				<small>RESTRICTED FILE</small> <small>SIGNATURE</small>													

RI COPY

OPEN FILE:		RESTRICTED FILE:		SIGNATURE
YES	NO	YES	NO	

FORM NO. 831 TEST
1 NOV 35

SECRET

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SOURCESMETHODSEXEMPTION 3826
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006